

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 C 2743

WILLIAM L. SINDE v. ZION POLICE DEPARTMENT, et al.,

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
LAKE COUNTY STATE'S ATTORNEY'S OFFICE

NAME (Type or print) THOMAS ANGER, Assistant State's Attorney	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Thomas Anger	
FIRM Lake County State's Attorney's Office	
STREET ADDRESS 18 North County Street, 3rd Floor	
CITY/STATE/ZIP Waukegan IL 60085	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 06282443	TELEPHONE NUMBER 847-377-3050
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	